## FORM D

# **UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, DC 20549

OMB APPROVAL OMB Number: 3235-0076

Expires: April 30, 2008 Estimated average burden hours per response 16.00



## FORM D

SEC USE ONLY

Prefix

07046039

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

DATE RECEIVED

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	111011
1	
Myrtle Beach Pelicans LP Sale of Limited Partnership Interests	
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ■ Rule 506	Section 4(6) ECE ULOE
Type of Filing: ■ New Filing □ Amendment	
A. BASIC IDENTIFICATION DATA	MAR 3 3
1. Enter the information requested about the issuer	(1007)
Myrtle Beach Pelicans LP	
Name of Issuer (  check if this is an amendment and name has changed, and indicate change.)  One Mellon Conton 50th Floor Dittelywork DA 15210	186 ECTON
One Mellon Center, 50 <sup>th</sup> Floor, Pittsburgh, PA 15219  Address of Executive Offices (Number and Street, City, State, Zip Code)	
	Telephone Number (Including Area Code)
1251 21st Avenue North, Myrtle Beach, SC 29577	843-918-6002
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Own and operate Myrtle Beach Pelicans Class AA minor league profession	onal baseball team
Type of Business Organization	
□ corporation □ CESS□□ ■ limited partnership, already formed	Other (please specify):
□ business trust □ limited partnership, to be formed	
MAR 0 0 2007	
MAR O LOS P	
THOMSON Month Year	ו
Actual or Estimated Date of Tricor Discharge or Organization: 1 2 0 5	■ Actual □ Estimate
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation	for State:
CN for Canada; FN for other foreign jurisdiction)	PA
GENERAL INSTRUCTIONS	
Federal:  Who Must File: All issuers making an offering of acquiring in adiabatic and a second secon	a :
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.6
(+)	
When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering.	A nation in dearmed Glad with the ITO Commission
Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or	r. if received at that address after the date on which
is due, on the date it was mailed by United States registered or certified mail to that address.	THE PARTY OF MINE REGISTED MESSEL THE GREEK DIV. WHITEHE
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manuall	ly signed. Any copies not manually signed must b
photocopies of the manually signed copy or bear typed or printed signatures.	_
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied to the containing of the containing the containing of the containing of the containing the containing of the containing o	rt the name of the issuer and offering, any change
not be filed with the SEC.	led in Parts A and B. Part E and the Appendix nee

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice

A. BASIC IDENTIFICATION DATA
<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>
Check Box(es) that Apply: ■ Promoter □ Beneficial Owner □ Executive Officer □ Director ■ General and/or Managing Partner
Greensons Baseball II Inc.
Full Name (Last name first, if individual)
One Mellon Center, 50 <sup>th</sup> Floor, Pittsburgh, PA 15219
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ■ Executive Officer ☐ Director ☐ General and/or Managing Partner Greenberg, Chuck
Full Name (Last name first, if individual)
One Mellon Center, 50 <sup>th</sup> Floor, Pittsburgh, PA 15219
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)

	····				INFORM	IATION AE	OUT OFFE	RING				
1.	Has the i	scuer cold o	r doos the issu								Yes	
ι,	1145 (110-11	Answer	r does the issi also in Appe	ndix, Colu	nn 2, if fil:	on-accredited ing under UI	I investors in LOE.	this offering!	)	***************	🗆	i
2.	What is t	he minimum	investment t	hat will be	accepted fr	om any indi	vidual?	**********	*******		\$27,	000
3.	Does the	offering peri	mit joint own	ership of a	single unit	?	***************************************	***************************************	•			No
4.	If a perso or states,	on or simila n to be listed list the name	n requested for remuneration is an associate of the broke may set forth	m for solici ated person r or dealer.	tation of p or agent o If more th	ourchasers in of a broker of nan five (5) p	connection v r dealer regist persons to be	vith sales of sered with the listed are asso	securities in SEC and/or ociated person	the offering	;. e	
Full	Name (Las	t name first,	if individual)				<u></u>	**				
N/A	<b>\</b>											
Busin	ness or Res	idence Addr	ess (Number	and Street,	City, State	, Zip Code)	<del></del>	· <u>·</u>		<del></del>		
Name	e of Associ	ated Broker	or Dealer					<del></del>				
State	s in Which	Person Liste	ed Has Solicit	ed or Inten	ds to Solic	it Purchasers	 }				**	
(Che		tes" or check [AZ]	c individual S [AR]	tates) [CA]	[CO]	[CT]	[DE]	[DC]	fer 1			CODI
[IL]									[FL]	[GA]	[HI]	[ID]
	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full 1	Vame (Las	t name first,	, if individua	l)			·				·	<del></del>
Busin	ess or Resi	dence Addre	ess (Number a	and Street, (	City, State.	Zip Code)	<del> </del>		<del></del> .	·	·	
		ited Broker o			<u>-</u>		· 	· <del></del> ·				
			d Has Solicite					<u>-</u>		<u> </u>		
(Chec	k "All Stat	es" or check	individual St	ed or intendates)	s to Solici	t Purchasers		•••••			All States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[N]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full N	ame (Last	name first, if	f individual)			_					,	
Busine	ss or Resid	lence Addres	ss (Number a	nd Street, C	ity, State,	Zip Code)	<del></del>			· · · · · · · · · · · · · · · · · · ·		
		ted Broker o		- t						· .		
States	in Which P	erson Listed	Has Solicite	d or Intends	to Solicit	Durchacara		·				·
(Check	c "All State	s" or check i	individual Sta	ites)						, A	ll States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PRO	CEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box I and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
Ty	pe of Security	Aggregate	Amount
	bt	Offering Price	Already Sold
	uity	\$	\$
-4	_	\$	\$
	☐ Common ☐ Preferred	\$	\$
Co	nvertible Securities (including warrants) (warrants for common membership units)	•	s
Par	tnership Interests	<b>6</b> 1305 800	•
Oth	ner (Specify)	•	\$ 650,000
	al	\$	\$
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	\$ 1,385,800	650,000
		Number Investors	Aggregate Dollar Amount of Purchases
Acc	redited Investors	2	\$ 650,000
Nor	a-Accredited Investors		<b>\$</b>
Tota	al (for filings under Rule 504 only)		\$
3.	If this filing is an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
Тур	e of Offering	Type of Security	Dollar Amount Sold
Rule	<del>2</del> 505	occurry	Solu Solu
	-		
Keg	ulation A		\$
Rule	2 504	<u></u>	\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Tran	sfer Agent's Fees	<b>-</b>	\$
Print	ing and Engraving Costs	<b>-</b>	s
Lega	l Fees		\$ 10,000
Acco	ounting Fees.		<b>S</b>
Sales	s Commission (specify finders' fees separately)		<b>s</b>
Uthe	r Expenses (identify)		\$
1	otal		<b>S</b> 10,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND U	JSE.	OF PROCEE	บร	
b. Enter the difference between the aggregate offering price given in response to Part C- Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		•	s640,000	
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above.		Payments to Officers, birectors, and Affiliates	Payments to Others	
Salaries and fees		\$	_ 🗆 \$	
Purchase of real estate		\$	s	
Purchase, rental or leasing and installation of machinery and equipment		\$		
Construction or leasing of plant buildings and facilities		\$	_ 🗆 \$	
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		\$	s	
Repayment of indebtedness		\$		
Working capital		\$	\$ 640,000	)
Other (specify):		\$	<b>□</b> \$	
		\$	□ <sub>\$</sub>	
Column Totals		\$	■ \$ 640,000	)
Total Payments Listed (column totals added)		\$		

	D. FEDERAL SIGNATURE	
following signature constitutes an undertaking by	by the undersigned duly authorized person. If this notice the issuer to furnish to the U.S. Securities and Exchange Control is suer to any non-accredited investor pursuant to paragraphics.	Commission, upon written
Issuer (Print or Type)	Signature 0	Date
Myrtle Beach Pelicans LP		
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Chuck Greenberg	President of Greensons Baseball II Inc., its C	General Partner
		- , , , , , , , , , , , , , , , , , , ,
·		

<u> </u>	ATTENTION		<del></del>	
al misstataments or amissions o	f fact constitute	federal eximinal violations	(See 19 H.S.C. 1001.)	

1.	Is any party described in 17 CFR 230.262(c provisions of such rule?	), (d), (e) or (f) presently subject to any of the disqua	lification Yes No
	• See	Appendix, Column 5, for state response.	_
2.	(17 CFR 239.500) at such times as required by s		
3.	The undersigned issuer hereby undertakes to fur offerees.	mish to the state administrators, upon written request, inform	mation furnished by the issuer to
4. The unde	Offering Exemption (ULOE) of the state in we exemption has the burden of establishing that the	r is familiar with the conditions that must be satisfied to be which this notice is filed and understands that the issuer case conditions have been satisfied.  Intents to be true and has duly caused this notice to be signed.	claiming the availability of this
	er (Print or Type)	Signature 2	Date
	rtle Beach Pelicans LP		3-1-07
Nam	e of Signer (Print or Type)	Title of Signer (Print or Type)	
Chi	ick Greenberg	President of Greensons Baseball II Inc., its G	eneral Partner

E. STATE SIGNATURE

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX	

<u> </u>			3			4		Disqualific	ation under DE (if yes,
	accredited S	sell to non- investors in tate 3-Item 1)	investors in aggregate offering price Type of investor and are offered in state amount purchased in State		amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
со									
СТ									
DE									
DC			•						
FL									
GA									
НІ									
ID									
IL									
ΙN									
IA									
KS									
KY					<u></u>				
LA			t .						
ME									
MD									
MA									
МІ		X	limited partnership interests	1	\$520,000	0			X
MN			•						
MS									
МО									
МТ									
NE									
NV			<b>a</b> .						

# APPENDIX

	Τ	2	3		5				
	Intend to accredited	sell to non- investors in tate 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
				Number of Accredited		Number of Non-Accredited			
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
NH							<u> </u>		
NJ									
NM									
NY									
NC									
ND									
ОН									
ОК			ì						
OR									
PA		X	limited partnership interests	1	\$130,000	0			X
RI		_							
SC									
SD			h.				_		
TN									
TX		_							
UT							_	:	
VT									
VA			<b>b.</b>						
WA									
wv									
WI									
WY									
PR			A-						

